PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
CO. Box 1450
Alexandria, Virginia 22313-1450

				or <u>Fax</u>	(57	11)-273-2885	2	2010 1400			
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used to correspondence including and below or directed of tions.	or trange the	nsmitting the ISSL Patent, advance or in Block 1, by (a	JE FEE and PUBLIC ders and notification) specifying a new o							
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 5514 7590 12/20/2007						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
FITZPATRICE 30 ROCKEFELI NEW YORK, N		I he Stat add tran	Cer creby certify that the tes Postal Service values ressed to the Mai smitted to the USP	tificate is Fee(: rith suf Stop TO (57	of Mailing or Trans s) Transmittal is bein ficient postage for fir ISSUE FEE address 1) 273-2885, on the c	smission g deposited with the Un st class mail in an envel above, or being facsi date indicated below.	itec lope mile				
									(Depositor's na	une)	
						(Signal	aure)				
									(C	Onto)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVE		NTOR	TOR ATTO		RNEY DOCKET NO.	CONFIRMATION NO.	_	
10/628,452 07/29/2003			Hiroki Kishi			00862.023158 4848					
TITLE OF INVENTION MEDIUM	: IMAGE PROCESSIN	G APP	ARATUS AND M	ETHOD, COMPUTE	ER P	ROGRAM, AND	COMPL	JTER READABLE S	TORAGE		
APPLN, TYPE	SMALL ENTITY	18	SUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	_	
nonprovisional	NO	\$1440		\$300		\$0		\$1740	03/20/2008		
EXAMINER			ART UNIT	CLASS-SUBCLASS		1					
CHEVALIER, ROBERT 2621				386-068000	•						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.353). Change of correspondence address (or Change of Correspondence Address form FTOSB122) attached. "Fee Address" indication (or "Fee Address" Indication form FTOSB147; Rev 03-02 or more recent) attached. Use of a Customer Number 1s required.				2. For printing on the pastent from page, list (1) the names of up to 3 registered patent automoty. 2 (2) the name of a single firm (having as a member a registered automoty of agent) and the names of up to fasten the control of t							
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO	BE PRINTED ON T	THE PATENT (print	or ty	pe)				_	
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.										l fo	
(A) NAME OF ASSI			(B) RESIDENCE: (
CANON KABUSHIKI KAISHA TOKYO, JAPAN											
Please check the appropr	iate assignee category or	catego	ories (will not be pr	inted on the patent):	Ę	Individual ACC	orporati	on or other private gr	oup entity 🔲 Governm	nen	
4a. The following fee(s) are submitted: A State Fee A Publication Fee (No small entity discount permitted) A Advance Order - # of Copies				b. Payment of Fee(s): (Ptease first reapply any previously paid issue fee shown above) **DAYMENTAXYMENTAX**: Payment concurrently being made **Dayment by recidi cand. From PTO-2038 is situated. **ETHE Director is hereby subtorized to charge: \$\$\frac{1}{2}\text{Cop}(\text{situated})\$ any officiency, or credit any overpayment, to Deposit Account Number \$\text{Q6} = \frac{1}{2}\text{Cop}(\text{cond})\$ endows overpayment, to Deposit Account Number \$\text{Q6} = \frac{1}{2}\text{Cop}(\text{cond})\$ endows overpayment, to Deposit Account Number \$\text{Q6} = \frac{1}{2}\text{Cop}(\text{cond})\$ endows overpayment, to Deposit Account Number \$\text{Q6} = \frac{1}{2}\text{Cop}(\text{cond})\$ endows overpayment, to Deposit Account Number \$\text{Q6} = \frac{1}{2}\text{Cop}(\text{endows})\$ end overpayment, to Deposit Account Number \$\text{Q6} = \frac{1}{2}\text{Cop}(\text{endows})\$ end overpayment, to Deposit Account Number \$\text{Q6} = \frac{1}{2}\text{Cop}(\text{endows})\$ end overpayment, to Deposit Account Number \$\text{Q6} = \frac{1}{2}\text{Cop}(\text{endows})\$ end overpayment, to Deposit Account Number \$\text{Q6} = \frac{1}{2}\text{Cop}(\text{endows})\$ end overpayment, to Deposit Account Number \$\text{Q6} = \frac{1}{2}\text{Cop}(\text{endows})\$ end overpayment, to Deposit Account Number \$\text{Q6} = \frac{1}{2}\text{Q6}(\text{endows})\$ end overpayment, to Deposit Account Number \$\text{Q6} = \frac{1}{2}\text{Q6}(\text{endows})\$ end over \$\text{Q6} = \text{Q6}(\text{endows})\$ end over \$\text{Q6}(\text{endows})\$ end over \$\text{Q6}(\te							
	s SMALL ENTITY state	ıs. Sec	37 CFR 1.27.	☐ b. Applicant is n	o lor	nger claiming SMA	LL EN	FITY status. See 37 C	FR 1.27(g)(2).		
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) tes Pat	will not be accepted and Trademark	office.	han	the applicant; a reg	istered i	attorney or agent; or t	he assignee or other part	ty 11	
Authorized Signature	- 10	u-	(B. 2)	ane				ary 8, 20	08		
Typed or printed nam			DIANA					29,296			
This collection of inform an application. Confiden submitting the completes this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	nation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this bu- friginia 22313-1450. DC 113-1450.	FR 1 U.S.C USP1 rden, s NOT	311. The information. 122 and 37 CFR O. Time will vary hould be sent to the SEND FEES OR C	n is required to obtai 1.14. This collection depending upon the complete the complete of complete of the complete of the compl	n or is es indi- Offic 4S T	retain a benefit by timated to take 12 vidual case. Any co er, U.S. Patent and O THIS ADDRES	he publ minutes mment Traden S. SEN	lic which is to file (an to complete, includi is on the amount of ti nark Office, U.S. Dep D TO: Commissioner	d by the USPTO to proof ing gathering, preparing, ime you require to composition of Commerce, for Patents, P.O. Box 1	ess and pleto P.O 450	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.